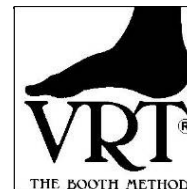


# Vertical Reflex Therapy



## Membership Network Newsletter

No 18, Spring, 2008

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Dear VRT Practitioner,

Many of you will have seen the BBC "Alternative Therapies" programme on Reflexology on March 24<sup>th</sup> and I have received several emails and calls deriding its primarily negative approach. I quote: "quite frightful", "I found it most disappointing. "Badly researched" and I can only assume that the informative professional statements about reflexology were edited out.

There is always a danger with a "populist" programme that there will be too much ego and not enough substance from the presenter, Professor Kathy Sykes, and very little research or at least very selective editing. However, some programmes in this BBC series last year were better, as was the recent one on Meditation. Why was there no interview with a senior member of one of our professional bodies setting out the training protocols and history of our profession?. Sykes reminds us frequently that "she is a scientist" but made no proper investigations into the research surrounding reflexology. She merely asked a few reflexologists she met at an open air therapy fair what was the background to reflexology. One Google search on the net could have told her more!

I was particularly dissatisfied that any Eastern history of reflexology was discounted and there was no mention of the use of Zone Therapy by doctors, such as Dr Fitzgerald, till the 1930's prior to physiotherapist Eunice Ingham's research. As the BBC 2 website erroneously states:

*"Kathy's journey starts with a surprise. Despite the often widely held view that reflexology's origins lie deep in ancient Egyptian or Chinese medicine, it really began in upstate New York in the 1930s".*

Ref: [www.open2.net/alternativetherapies/isreflexologyvalid.html](http://www.open2.net/alternativetherapies/isreflexologyvalid.html)

Kathy Sykes indicated there were at least 15 plus research studies on reflexology but merely

made a derogatory comment that there were none on Infertility. She is not a medical researcher but chose to dismiss them all.

The BBC budget allowed the presenter to fly to glamorous and scenic parts of America to interview doctors who were investigating touch but why did she not set off to Denmark to talk to Leila Erickson of RIEN about research or the medical physiotherapist and manual neurotherapist, Nico Pauly, who also uses and teaches Nerve Reflexology in Belgium and internationally? I think the producer made an early decision not to pursue the serious aspects of reflexology further and the programme ended with Sykes experiencing a "cuddle experience" where she lay in a room hugging strangers. Possibly beneficial, but nothing to do with reflexology! As professionals we must strive hard for our therapy to be given the professional recognition it deserves and, at present, it is South Africa and Denmark that lead the way in this field. If you watched the programme, do let your feelings be known to the BBC. Please let us know what you thought!

In this issue we have interesting articles including one by Richard Cupidi who writes about Hypnotherapy, which I often recommend for clients, and Terri Perry has an article on VRT, reflexology and Thought Field Therapy (TFT) which combine to bring about a healing result. VRT Tutor Christine Roscoe has some useful ideas to help attract more clients "if the phone stops ringing".

Do look at the Israeli Reflexology and Cancer Symposium information on the back page. It is a wonderful opportunity to listen to informed reflexologists and medical practitioners.

Enjoy this exhilarating Spring of cold winds, daffodils and tulips sprinkled with hail and glorious sunshine!

Kind regards

Lynne Booth  
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**Information on Foresight,  
The Association for the Promotion of  
Pre-conceptual Care**

We always pass on information about Foresight when teaching our VRT Endocrine Classes and on Christine Roscoe's Sub-Fertility Master-class. They have helped numerous couples with medical and complementary advice for many years and come highly recommended.

[www.foresight-preconception.org.uk](http://www.foresight-preconception.org.uk)  
Tel: (01243) 868001



Overcoming miscarriage, infertility, premature birth, still birth, birth defects and more

The pre-conceptual approach of Foresight can help with overcoming the following issues in connection with conception, pregnancy and birth:

- miscarriage
- infertility
- stillbirth
- birth defects
- unexplained infertility
- post-natal depression
- health problems in the child
- low sperm count
- poor resistance to infection
- low birth weight
- premature birth
- malformation
- breast feeding difficulties
- handicap
- hyperactivity
- learning problems
- asthma
- eczema
- and other problems relating to conception, pregnancy and birth.

As part of pre-conceptual care, the above conditions are often preventable by:

- Improving nutrition
- Combating pollution
- Treating allergies, Candida
- Treating mal-absorption of nutrients
- Treating genitourinary infections
- Discouraging the use of common social poisons e.g. cigarettes, alcohol and drugs
- Avoidance of geopathic stress.

The Aims of Foresight:

We take all possible steps to ensure that every baby is born in perfect health, free from physical or mental handicap and other health problems. Foresight Pre-conceptual Care embraces three plans of action:

1. To secure optimum health and nutritional balance in both parents before conception.
2. To instigate research aimed at the identification and removal of potential health hazards to the developing baby, especially with regard to the environment.
3. To present the facts and know-how of Pre-conceptual care so that prospective parents will be motivated to choose to actively contribute to their family's greater health and happiness.

The Foresight Pre-Conception Programme:

Foresight has put together a thoroughly researched pre-conception programme, which identifies and addresses various areas of concern in the health in any pair of prospective parents. The objective is to optimise the health of both prospective parents well before conception occurs so that a pregnancy can be started with a normal, strong sperm and ova and the embryo can implant and develop under optimum conditions in a healthy uterus, with no danger of damage from nutritional deficiency, toxins or disease.

Over the years, Foresight has found that under these conditions it is possible to have uncomplicated pregnancies resulting in strong, healthy and perfectly formed babies, even in many couples who may have previously experienced problems relating to conception, pregnancy and birth.

### **Competition in the Clinic!**

*We all need to challenge our motives as practitioners from time to time but I was interested in the following letter from a therapist who felt unable to use her VRT skills in a clinic. The reflexologist had been having good results with VRT but recently wrote:*

*.....The reason I haven't used VRT (in my practice clinic) is that I work with a reflexologist who doesn't use it and, as we work in the same room, I have always used conventional reflexology to be the same. However, after meeting another friend and swapping treatments, it has got me wondering why I am not using more VRT.*

*Lynne replies: I am interested in your above comments but would challenge you to question why you feel you must offer the same as your colleague? We all as reflexologists attend different courses in our field and even if we were trained on the same diploma course, would soon offer our own "style". I have worked with other reflexologists and we offer different skills....not in competition but where our interest lies. If your colleague has not attended any other course she may well only be able to offer standard (but helpful) treatments. But what if she has been on ART, Susan Enzer, Hand reflexology etc courses?. Surely she would want to use these skills to enhance her practices. I doubt if she would chose not to use them just to be the same as another colleague. If that was the case clinics would not have much to offer if reflexologists stuck to the lowest common denominator!!*

*You paid good money for VRT education and get good results. Share it and help others and watch your practice grow. Your colleague may like to sample a swapped treatment and may be encouraged to attend a VRT course...or it could inspire her to look for further education in reflexology elsewhere. Whatever the reason, have confidence in your own abilities and techniques and move on to being a more experienced therapists with extra skills. You are obviously competent at VRT as you get good results. I have worked closely in a clinic and elsewhere with fellow reflexologists and we learnt from each other. If I had stuck to a safe routine with no extras VRT would never have been discovered!*

### **WHAT DO YOU DO WHEN THE PHONE STOPS RINGING ?**

by Christine Roscoe,  
VRT and Reflexology Tutor



Most Complementary Therapists have received an excellent training in the skills of their profession but then many struggle to make ends meet financially. Perhaps because you haven't been taught how to run and build a business in a way that feels comfortable to you. Or, as a caring professional, you might not see yourself as a business person as well. But most of us have chosen to change careers to work in complementary therapy as a new way of earning a living. Marketing and selling your services are not 'dirty words'!

#### **10 Tips that could help to boost your client numbers ...**



1. Identify events you could link into – e.g. Wedding Fairs - Offer mini treatments as a package to the bride, bridesmaids, mothers etc pre wedding. Link with someone else in the same field e.g bridal wear shop, florists and ask them to refer you.
2. Ask for referrals at all opportunities – from clients, from friends, workmates, family. Give all of the above some of your leaflets and

ask that if they hear someone complaining of a health problem, they pass out your details – maybe even with a free Gift Voucher for a mini treatment. Consider offering a discount to clients who recommend others – once they have had their first session.

3. Organise a high profile charity event - e.g. a sponsored foot massage where a team of Reflexologists will try to massage a large number of people in say 15 mins non-stop. Hold it in a busy public place e.g. town centre on a Saturday afternoon and invite the local press, TV, radio. Give out lots of information about yourself.

4. Use your business cards – have lots of good quality, well designed cards. A good photo of you on it makes it memorable. Go to a busy place near your practice e.g. the local school at 3.30 or shopping centre at the weekend and introduce yourself to people and briefly tell them what you do, where you are and give them a leaflet and free mini treatment voucher.

5. Have a speciality - Do some research and make yourself an expert in your field. Whether you're interested in arthritis care or maternity reflexology or back problems, link up with the local support group, clinic, specialist retailer etc and offer to give a talk, a discount on first treatment etc and promote yourself.

6. Keep in touch with past clients – and turn them into return clients. Contact them and offer a information sheet on something you've researched that would be relevant to them or about your new skill e.g. Did you know I now do Hopi candles and a mini voucher. For clients who have just given birth, a Congratulations card and free voucher for a treatment will ensure they return for your skills. Send Christmas cards with a half-price 'Beat the Winter Blues' offer for January.

7. Join a local organisation – that you are interested in and has nothing to do with your therapy e.g. your local drama society, choir, school governing body. Make it somewhere busy and sociable where you can introduce yourself as, and become known as 'The Reflexologist'. Give Gift Vouchers and leaflets as Raffle Prizes and offer to do talks or demos at fundraising events.

8. Approach local employers, schools or organisations - and offer them a service e.g. a

talk on stress management at a staff meeting or head and shoulder massage for office bound people, mini Reflexology treatment – VRT is ideal here – or offer to organise a well-being day with other therapists.

9. Get to know your local business neighbours - e.g. the local post office, hairdresser, tell them what you do, leave them some leaflets, offer them a free treatment and they will do your marketing for you!

10. Target your market - do you have a particular group that you are aiming your therapy at? e.g. pregnant women, sports people? If so, leave plenty of your flyers, pamphlets, posters at those places where your ideal clients will be looking for information e.g. gyms, health clubs, ante natal classes. Target the places used by people who are more likely to have the disposable income to be attracted to your services.

Nothing will bring an overnight success but try to concentrate on doing at least 2 new things per month and these actions could bring real day-to-day impact in a surprisingly short time. Instead of just working in your practice, make some time each month to work on your practice. Try to develop good networking skills and talk to lots of people with enthusiasm about what you do.

You can earn a good income doing something that you enjoy and that people will be happy to pay for.

***What has worked for you? Can you write in and share some ideas for marketing? We can feature these tips in our next newsletter.***

Comments following a VRT course: *"I would like to say that Christine Roscoe, VRT tutor, was very well received when she came to Brook (Mid-Kent Reflexology Group), near Ashford in November, and I have heard lovely comments about her teaching and how she enthused everyone with her teaching and VRT working"*

**NEW NERVE REFLEXOLOGY  
DATES FOR 2009  
– limited places –  
first come first served!**



Tutors Nico Pauly and Griet Rondel,  
Nerve Reflexology Diploma graduates  
and friend!

By popular demand we are delighted to be arranging a 4<sup>th</sup> Nerve Reflexology diploma Course in Bristol in 2009. More information to follow. Please email or telephone if you wish to register interest. Provisional dates as follows:

Choice of two dates for **Level 1**:  
13/14/15 Feb or 3/4/5 April, 2009  
**Level 2**: 22/23/24 May, 2009  
**Level 3**: 25/26/27 September, 2009

VRT Case Study from Juliette Young

**Client:** Myself!

**Illness:** On holiday last August, a slight niggling pain in my left knee which had been there on and off for some time became noticeably worse, especially when walking downhill or down steps. For some reason, I only thought of giving myself VRT when it became so painful it affected my walking. I treated myself in the evening (knee reflex and Zonal Trigger 5 were very tender) and again the following morning. That day it was much improved. I repeated the treatment again that night and since then have had no pain whatsoever!

VRT Case Study from Sandy Thompson

**Condition Treated:** Sciatica, severe hand and arm pain, has had 2 Carpel Tunnel operations. IBS.

**Client:** 54 year old male – Farmer all his working life.

**Duration of illness:** 10 years

**No of VRT treatments:** 7

**Aim of VRT treatments:** Try to relieve hand and arm pain. Ease IBS symptoms and sciatica.

**Result:** Before starting VRT client had 2 conventional reflexology treatments, client needed to reduce his massive tea and coke intake, he has now given up both.

I found very painful areas in neck and thoracic spine this was my main focus for VRT. Pain relief and increased mobility was immediate after each VRT session, 1st session relief lasted two days but gradually extended after each session to currently three weeks. Our aim is to keep extending the time of relief.

Sciatica had completely gone after 4<sup>th</sup> VRT session IBS gradually improving. My client feels the VRT had achieved more than any of the many specialists he has seen over the years who have now given up and tell him he will just have to put up with it!!

VRT Case Study from Juliette Young

**Condition:** Stiff and Painful neck

**Client:** Male, aged 65 years

**Duration of Illness:** Several weeks

**Aim of VRT Treatment:** To ease pain and stiffness in neck.

**Result:** Reported some relief at end of treatment. The following week I saw him and he reported that in the car on the way home, his neck had made a loud crack (so loud, his wife thought a stone had hit the windscreen!). From then on, he'd been completely free of pain or stiffness. I continued to see him over the next 5 weeks or so, as I was treating his wife, and the pain did not return.

**Other Comments:** This man had never had reflexology before and would not have considered it had I not been treating his wife. He was impressed though and really enjoyed being treated.

VRT Case Study from Sandy Thompson

**Condition Treated:** Major car crash 8 years ago broke sternum, affected lung function has suffered asthma since accident, had right foot reshaped, Suffered Post Traumatic Stress and depression. Currently is being treated for varicose veins (hereditary) and Oedema.

**Client:** 59 year old female

**Duration of illness:** 8 years

**No of VRT treatments:** 5

**Aim of VRT treatments:** relieve on-going back, knee, neck pain, lymphatic drainage.

**Result:** After 1<sup>st</sup> VRT treatment client suffered a further minor car accident causing mild whiplash, treated neck, thoracic and lumbar spine. 3<sup>rd</sup> treatment client felt her body elongate during VRT. 4<sup>th</sup> treatment client noticed improvement in knee pain, asthma and oedema.

When client came for 6<sup>th</sup> treatment she felt no need for VRT, as her back and knees were no longer painful and in her words 'don't try to fix what is not broken'!

Client has had no further Reflexology or VRT for 5 months and reports freedom from back and knee pain. Client amazed we achieved in 6 treatments **more** than was achieved with years of Physiotherapy and Osteopathy.

VRT Case Study from Terri Perry

**Mr G – Back injury following a fall**

One Sunday, I had a call from one of my regular reflexology clients, a 79 year old retired airline pilot who is partially blind due to Age Related Macular Degeneration. He wondered if I could help him (even though it was the weekend) as he had just fallen in the hallway of his home two days ago and was now in terrible pain with his back and could not straighten up. He was upset to think he would have to miss his bowling match which was coming up during the next week.

I had been treating this gentleman for two years and it appeared that the regular reflexology treatments and vitamin and mineral supplements had halted the degeneration of the disease (although I could do nothing for the eyesight he had lost in the other eye which was due to the negligent treatment of an ulcer that burst many years previously).

I said that I would do my best to help with his back problem until he could see a doctor the following week.

When he arrived he was hobbling, almost bent double unable to walk upright and could hardly lift his legs over the door step.

He had tripped on the carpet and fallen backwards hitting his head as he fell. He had pain in both buttocks and in the sacral area. This may have aggravated an old injury which put him in a wheelchair over 30 years previous when doctors said that he would not walk again following a serious airplane crash. The medical profession had said he would be in a wheelchair for the rest of his life but he found an excellent chiropractor whose manipulation in a couple of sessions meant he left his wheelchair behind and walked from that day on.

I started by having him stand for a few minutes of VRT as standing was painful for him. The eye points were tender on feet and the corresponding nails (this was always the case because of his eye problems). The sacral area was very sensitive. I did a general VRT treatment with extra concentration on the spinal reflexes. He was then able to straighten up a little more with less pain.

Then I propped him up into the best position I could with extra cushions on the Lafuma chair. I did a 30 minute conventional reflexology treatment so as not to have him lying down in one position for too long. Again, the sacrum was very tender on the right foot. And the cranial nerves/head on Zone 4 was tender too. Following this he was able to rise easier from the chair but he still had some pain.

At this stage, I decided to use Thought Field Therapy for the pain.

I first checked for Psychological Reversal (a complete shift of the body's polarity making it unlikely that any treatment would be successful as it prevents the body from healing). Sure enough, he was in a Reversal state which we corrected and went on to commence the TFT (reversal can be caused by detergents and perfumes and it is a common feature in cancer patients).

We have a set sequence called the Pain Algorithm. I asked him to assess how much the pain still was on a scale of 1-10 (10 being the worst possible pain and 1 being hardly noticeable). He reported the pain was still at about a 5 on the scale.

/cont.....

I guided him through the tapping sequence as follows:

see - [www.thoughtfieldtherapy.co.uk](http://www.thoughtfieldtherapy.co.uk) for info.:-

Side of hand (karate chop area) -  
tapping on each about 5 times  
Eyebrows above nose  
Under eyes  
Under arm  
Collar bone

I directed him to keep tapping on the top of the hand on the Gamut Spot (1" down from between 4<sup>th</sup> and 5<sup>th</sup> fingers. To close eyes and then open them moving them down to right and then down to the left whilst still tapping and concentrating on the pain.

Then whirling the eyes in a complete circle to the right and then to left.

Counting aloud one to five, humming a few bars of a tune and then counting one to five again.

I then asked him to focus on how the pain was now and to continuously tap the Gamut Spot about 50 times and then tap the collar bone again.

He was very pleased as his pain level had dropped to about a level 2. We did the sequence once more and an eye roll from floor to ceiling.

I asked him now if he could bend and see how the pain was. He was amazed that he could now get down onto one knee and into the bowling position!! He said his doctor would be amazed.

He walked away in less than an hour without limping, standing upright and without any major pain.

I saw him a month later and he told me that he had not had any more trouble with his back since my treatments and was able to go back to playing in bowling matches! In fact, he was doing so well with his bowling now that his colleagues thought he must have near perfect eye sight. (He plays using a small magnifying telescope to his one reasonable eye).

I have often treated him with TFT for anger and frustration to do with his blindness and other emotional issues and he feels much better about life.

Terri Perry MAR TFT Dx can be contacted on [healthyu@tiscali.co.uk](mailto:healthyu@tiscali.co.uk) Tel: 01359 233263. Web site [www.mindbalance.co.uk](http://www.mindbalance.co.uk) . She holds clinics in Bury St. Edmunds, Suffolk and Harley Street, London.

## STROKE IDENTIFICATION UPDATE

Please copy and pass it on to others!



A neurologist says that if he can get to a stroke victim within 3 hours he can totally reverse the effects of a stroke...totally. He said the trick was getting a stroke recognized, diagnosed, and then getting the patient medically cared for within 3 hours, which is tough.

### RECOGNISING A STROKE

Remember the "3" steps, **STR** .

#### Read and Learn!

Sometimes symptoms of a stroke are difficult to identify. Unfortunately, the lack of awareness spells disaster.

The stroke victim may suffer severe brain damage when people nearby fail to recognize the symptoms of a stroke.

Now doctors say a bystander can recognize a stroke by asking three simple questions:

**S** - Ask the individual to SMILE .

**T** -TALK. Ask the person to speak a simple sentence coherently. eg "It is sunny out today"

**R** - Ask him or her to RAISE both arms

If he or she has trouble with ANY ONE of these tasks, call 999 immediately and describe the symptoms to the dispatcher.

NOTE : Another 'sign' of a stroke is

1. Ask the person to 'stick' out their tongue.
2. If the tongue is 'crooked', if it goes to one side that is also an indication of a stroke.

A prominent cardiologist says if everyone who gets this information sends it to 10 people; you can be sure that at least one life will be saved.

....and it could be your own.....



## Hypnotherapy for Living

*Richard Cupidi*

Most of us have wanted to change our situations at some time or other. Perhaps that might mean a healthier work-life balance and overall sense of well-being, or eliminating habits and addictions that bind you, or fears and phobias that hold you back. Some people might want to manage pain, anger or stress more effectively, or improve their concentration, or simply feel more self-confident. Hypnotherapy offers a safe, simple and drug-free way to help make those changes

Essentially, hypnotherapy is the use of hypnotic trance for therapeutic purposes. We use hypnosis in therapy because it's a natural learning process which accesses the subconscious mind where fundamental emotional and behavioural changes take place. And all of us have already experienced hypnotic states in some way – when we dream for example, or listen to a wonderful piece of music, or read a book, watch a film, meditate, daydream, or get lost in a story.

I practice a solution-focused hypnotherapy, first pioneered by Milton Erickson, which concentrates on quickly finding beneficial resolutions to situations. Because every client comes with a unique set of circumstances, we don't apply rigid theoretical formulas. In fact, Erickson is quoted as saying "I don't have theories, only clients". As therapists, we believe that clients are the experts in their own lives, and that we are primarily experts in managing change. Therapy therefore becomes an act of collaboration, clients and therapists working together to establish manageable goals and to achieve them in the shortest time possible – often in just one session.

To accomplish change so quickly and effectively, the hypnotherapeutic process concentrates on illuminating people's emotional patterns of behaviour, on encouraging clients to look at familiar situations in different ways, on utilising client's own personal resources, and on using hypnosis to accelerate change. Above all else, we emphasise beneficial outcomes rather than problems or pathologies.

Because hypnotherapy is so client-centred, I thought you might like to hear what my clients say about their experiences. One woman, who had never been hypnotised before, described her sessions as "an amazing experience - not at all what I expected and yet so much more." Another individual, who successfully conceived after 13 years of trying, reported "What an amazing moment to listen to heartbeats, and see moving limbs ... all just quite overwhelming ... a huge thank you for all your help!"

After overcoming her initial prejudices, this next client went on to achieve some spectacular results. Her enthusiastic commentary really conveys a sense of what a typical hypnotherapy session feels like:

*"My first meeting with Richard was amazing. First of all, I felt completely at ease and relaxed. ... It was nothing like my preconceived notions. We conversed about my everyday life and smoking patterns and I began to see how involved my smoking actually was ... Then came the hypnosis part. Though I was thinking that it was impossible, I found myself slipping into a strange state of consciousness. Or was it sub-consciousness? Or unconsciousness? Whatever it was, I left feeling lighter than I had felt in years...."*

*"I'm saving myself lots of money, my sense of smell is better, I have more energy, I'm sleeping better, I have more time and make more of an effort to do things with my kids and my friends and I certainly am more productive at work. I wish I had tried this years ago instead of allowing my scepticism to get the better of me. Richard truly has given me the most wonderful gift ever... thank you."*

Perhaps you haven't considered yet the powerful benefits hypnotherapy can offer yourself or the people you treat. Like many of my clients, you might begin to appreciate the positive effects even small changes can have on you and those around you. Hypnotherapy provides a fast and effective way to help make those changes now.

**Richard Cupidi DHypPsych (UK)** is a registered hypnotherapist and NLP practitioner with international experience, having practiced in America, England and Israel. He is based in Brighton at The Dolphin House Clinic, 14/15 New Road, Brighton, East Sussex BN1 1UF (tel: 01273 324790), and can be contacted directly



on 01273 779488, by email (cupidi@onetel.com) and via his website (www.hypnobrighton.com). Richard trained with and currently writes self-help material for Uncommon Knowledge. Details of Solution-Focused practitioners can be found on the Uncommon Knowledge.

**website: www.uncommontherapists.com**

### **Advertising in the VRT Newsletter**

We are happy to display adverts in the VRT newsletter at the following prices. Next copy date: Friday 27<sup>th</sup> June 2009.

Half page: £55.00 Quarter page: £30.00  
Linage: £5.00 first 20 words, then 10p per word (name and address free)

## **Bell's Palsy – Facial Paralysis**

***Many reflexologists will see this condition in the course of their career but the information below could mean the difference between disfiguration for life and full recovery. Act immediately!***

**Definition:** Paralysis of the facial nerve, the nerve that supplies the facial muscles on one side of the face. Bell's palsy is also called facial nerve paralysis.

The cause of facial nerve paralysis is often not known, but is thought to be due to a virus. The facial nerve is the 7th cranial nerve.

The disease typically starts suddenly and causes paralysis of the muscles of the side of the face on which the facial nerve is affected.

Treatment is directed toward protecting the eye on the affected side from dryness during sleep. Massage of affected muscles can reduce soreness. Sometimes prednisone is given to reduce inflammation during the first weeks of illness.

The prognosis (outlook) with Bell's palsy is generally good. About 80% of patients recover within weeks to months. Conversely, about 20% of patients do less well.

The condition was originally described in 1830 by the great Scottish-born anatomist and neurologist Sir Charles Bell (1774- 1842). The

word "palsy" is a corruption (and contracture) of the French word "paralysie" which means "paralysis."

**Letter 1 Bells' Palsy:** I have an interesting client at the moment who has a 9 month old son (says she didn't sleep for the first 7 months) and she developed Bell's Palsy following the birth. I have mentioned this to a friend of mine who said, years ago in Yorkshire, her friend also developed Bell's Palsy after having had a baby and she was very worried and thought she had suffered a stroke - when she went to the doc, doc confirmed it was Bell's Palsy but also said she was the second new mum to see him with the same condition in a week. I am interested to see if there is a trend here.

My client's baby was IVF and she is coming to me in the hope that reflexology will help her conceive naturally but she is finding that the Bell's Palsy seems to be improving so I will keep you posted. From C.C.

**Letter 2 Bell's Palsy:** I have taken on an interesting case I would appreciate your help with. A lady of 55 developed Bell's Palsy some 10 years ago. After suffering with the problem for some two years, she had a course of reflexology treatments with moderate success. Her facial muscles remained very relaxed on one side of her face though although there was generally good relief from the pain.

It is now 10 years since she developed the disease and she would like to begin having some reflexology treatments again. She says she is having increased pain which at times is intolerable. I am hoping VRT treatments will be more successful than the general reflexology treatments she had before. Any advice you can offer me before I begin treating this client will be very helpful. From G.L.

**Lynne replies:** *Bell's Palsy, at the time of birth, is more common than people think and the absolute essential action with this condition is to treat it asap, ie within hours of onset if possible. Acupuncture is always highly recommended as another alternative to reflexology. Homoeopathic Aconite potency 6 is sometimes indicated as a homeopathic remedy but do seek advice from a qualified homeopath. A many faceted approach is best for Bell's Palsy including facial exercises. Sometimes the doctor will prescribe steroid injections but often won't do this to a mother who will be breastfeeding. In many cases, the*

majority, people with Bell's Palsy will naturally recover over a period of weeks and for this reason many GPs tell their patients to just wait to recover naturally. However, for the small majority that don't recover it can be a painful and devastating time due to the possibility of permanent disfigurement. That is why acupuncturists and reflexologists recommend treatment at once. I would never advise anyone to "wait and see" if they recover naturally as, if they don't, they have lost valuable days or weeks in regaining feeling in the nerve. Acupuncturists and reflexologists stress the need to get to treat the client at once. However, a lot of help can be given at a later stage too.

**Method: Reflexologists should concentrate working round the cranial nerves reflexes on the weight-bearing toes, neck and head reflexes, adrenals for inflammation – plus eye and all facial reflexes below the big toe nail.**

VRT will enhanced the treatment of these reflexes and you can clients homework to work their weight-bearing hands several times per day. Physiotherapists can give their patients facial exercises (usually practised when the client is looking in a mirror).

*N.B. If you have a client with long standing Bell's Palsy they can supplement the reflexology help given above with lots of self-help VRT daily plus they can seek medical advice below regarding electronic stimulation machines. Do consult the website below for excellent information. .*

Diana Farragher (in Sale, Cheshire), [www.dianafarragher.co.uk](http://www.dianafarragher.co.uk), has pioneered electronic stimulation work for facial paralyse and has written a book called Loss of Face that can be obtained via her website. She is one of the absolute experts on this condition. DMI Medical Ltd sell an electronic stimulator for facial nerve paralysis but medical advice should be sought first.

DMI Medical Ltd., Medical Supplies,  
Unit 1, Rosebridge Court, Rosebridge Way,  
Wigan, Lancashire, WN1 3DP  
Tel: 01942 238259

**Details:** Diana Farragher OBE MSc. Grad Dip Phys. Dip TP. FCSP. is a chartered physiotherapist. She has specialised in the use of Trophic Electrical stimulation, particularly for the treatment of facial paralysis, since 1981. In that time she has lectured internationally to patients and health professionals to raise

awareness of the issues involved in treating this patient group.

The Lindens Clinic, in Manchester, is an internationally established centre of excellence for the treatment of facial paralysis and regularly welcomes patients from throughout Europe. They also have a satellite centre in Aberdeen, for consultations. For further details or more medical background please contact head office on 0161 718 8620

The Lindens Clinic, 214 Washway Road, Sale, Cheshire, M33 4RA

The Lindens Clinic, Balmedie, Aberdeen, Scotland, AB23 8XR Tel: 0161 718 8620  
e-mail: [dfarragher@ntlworld.com](mailto:dfarragher@ntlworld.com)

Trophic Electrical Stimulation (TES) is applied to muscle with the specific purpose of influencing its metabolic pathway. It helps the body in the natural healing process and prevents or reverses the changes associated with atrophy. Basically it helps with the nutritional growth and development of the muscle. It operates on frequencies similar to those used by the healthy nerve and therefore operates on both the red/slow and white/fast muscle fibres. Diana uses treatment units that are designed to be used at home supplemented by three monthly visits to the therapist for review on the treatments progress.

**A Loss of Face** is a self help manual written by Diana which explains the mechanisms underlying facial nerve function following damage, the use of TES, specific exercises etc. It also includes a useful section of patients own accounts of their facial paralysis and treatment.

The book is available from Diana for a cost of £11.90 (sterling) inc. p&p.



*"No pessimist ever discovered the secret of the stars, or sailed to an uncharted land, or opened a new doorway to the human spirit"*  
Helen Keller

## **PAIN AND MOBILITY AND SUB-FERTILITY MASTERCLASSES**

### **HAVE YOU ATTENDED ONE OF THESE POPULAR ONE DAY CLASSES YET?**

*"Thanks once again for the course it was so beneficial being in a small group. I learnt loads and am trying it out on my clients; the regulars have noticed the difference". S.T.*

- Work in two pairs, with one highly experienced tutor
- Plenty of one-to-one instruction as well as dialogue, questions and discussion
- The classes combine the best of structured theoretical and practical work in a relaxed but very productive setting.
- The whole spectrum of the VRT repertoire is available
- Participants benefit from the wealth of tutors' reflexology knowledge.
- Copious handouts and an excellent lunch,

### **NEW DATES FOR MASTERCLASSES**

See separate enclosed application forms

#### **Lynne Booth – Pain and Mobility**

Wed 14<sup>th</sup> May; Mon 9<sup>th</sup> June, Wed 9<sup>th</sup> July,  
Thurs 11<sup>th</sup> September, Wed 15<sup>th</sup> October,  
Thurs 13<sup>th</sup> November, 2008.

#### **Chris Roscoe – Sub-Fertility**

Wednesdays 14<sup>th</sup> May; 11<sup>th</sup> June, 16<sup>th</sup> July, 10<sup>th</sup>  
September, 8<sup>th</sup> October, 12<sup>th</sup> November, 2008

### **Membership Renewal Only £20 (£25 overseas)**

For those members whose annual subscriptions were renewable on 1st March 2008, you will find a blue renewal form enclosed. Please post this form with your cheque, or fax with a card number, to the office address. Apologies for the late arrival of this newsletter,

Members are first to hear of new courses and priority booking, their names are the only ones on our website and there are often special offers, reduced prices for courses and lots of hints and information in the quarterly newsletter.



### **WHO CARES FOR THE CARERS? ..... AND THAT MEANS YOU AS WELL!**

One of my favourite words of advice is "Be kind to your body – it's the only place you live". Here are some universally uplifting thoughts that are aimed towards all of us who juggle with the demands of work and home life. Therapists especially can easily get depleted, so make sure you care for yourself as much as you care for others.

Lynne Booth

### **Keeping the Balance – The Art of Reflective Doing**

- Be wholehearted and present.
- To say No is OK
- Build in buffer time.
- In times of stress only do what only you can do.
- Separate out important and urgent.
- Leave time for thinking.
- Give yourself entry and re-entry time – leave the baggage behind.
- Perfection is not a healthy aim.
- Let guilt go.
- Don't agree to 'mission impossible'.
- Make 'Just for me' time.
- Don't micro manage – you can't control everything.
- Keep personal dates in your diary – birthdays, etc not just appointments.
- *Small village* – live with the consequences of your actions.

Welcome to ISRAC 2008

## First International Symposium on Reflexology and Cancer

October 29th to 31st, 2008

Auditorium of Hotel Kibbutz Shefayim, Israel

more info at: [www.isreflexology.com](http://www.isreflexology.com)



There is another hope - let's talk about it

For the first time in the history of Reflexology, an entire Symposium will be dedicated to study, discuss and understand the possible benefits Reflexology as a complementary therapy for patients undergoing treatments for cancer.

Specialists will join together to dispel the old myths about Reflexology and Cancer, thus starting a new era in the history of Reflexology.

Don't miss the opportunity of enjoying the stunning beach of Kibbutz Shefayim and taking a tour to Jerusalem, Dead Sea, Sea of Galilee, Nazareth, Haifa, Massada and more.



הפורום הישראלי לרפלקסולוגיה  
The Israeli Forum of Reflexology

### Speakers include

Dr. Martine Faure-Alderson, France  
Beryl Crane, England  
Mauricio (Moshe) Kruchik, Israel  
Dr. Dorit Gamus, Israel  
Edwina Hodkinson, England  
Dr. Alexander Kanevsky, Israel  
Leila Eriksen, Denmark  
Dr. Bibiana Carrasco, Spain  
Dr. Shay Pintov, Israel  
Lynne Booth, England  
Carol Donnelly, Ireland

(Partial lists. Speakers and subjects subject to change)

### Subjects include

Research  
Reflexology in Hospitals  
Supporting techniques  
Education  
Reflexology based technology  
Special community and social projects

Special reduction to AoR members for registrations until April 30th, 2008. CPD accredited event. 60 CPD points awarded to AoR members.

Kibbutz Shefayim lies on the seashore, 10 miles north from Tel Aviv and 40 miles northwest from Jerusalem.

ISRAC 2008 coordinator: **Moshe Kruchik**  
E-mail: [innaymauri@yahoo.com](mailto:innaymauri@yahoo.com)

International Reflexology Conferences can offer a wonderful opportunity for networking, meeting fellow reflexologists from around the world, hearing about new research and learning new skills.

The symposium in Israel is special as it is specifically looking at various ways to use reflexology in the treatment of cancer. Medical practitioners and reflexologists will be speaking and discussing their varied approaches to this very important issue. Israel is one of the leading countries in reflexology developments and I hope some of you will be able to attend this conference in a very comfortable beach hotel, Kibbutz Shelayim, which is 10 miles from Tel Aviv and 40 miles from Jerusalem. Many delegates are taking the opportunity to stay on or arrive early to explore this fascinating country.

Book this conference now at a reduced rate if you are an AoR Member – the offer is extended until May 15<sup>th</sup>. Please note that fees include lunch and accommodation includes breakfast.

Moshe Kruchik, ISRAC 2008 co-ordinator  
Email: [innaymauri@yahoo.com](mailto:innaymauri@yahoo.com)

### An important request from Lynne Booth:

#### CANCER AND VRT: your experience

Many of the VRT membership work with people living with cancer or who are terminally ill, often in hospice care.

Please, share brief case studies or experiences of how reflexology and VRT have helped your clients. I shall be putting together some case studies for Israel and sharing ways of working with cancer and it is important that we present a wide spectrum of experience, not just my own.

#### Small benefits and results are as important as large ones. You can play a vital role in helping others by sharing your experience.

Your help will be invaluable in adding to the research and discussion of Reflexology and Cancer. There is a brief case study form

enclosed. Please take time to fill it out, and if possible send before the end of April to:  
Lynne Booth, Suite 205, 60 Westbury Hill, Bristol  
BS9 3UJ, UK

**Thank you in anticipation**